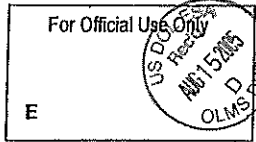


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8088</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>3</u> / <u>2004</u>
3. Name and address of person filing. Name <u>KEVIN S FARLEY</u> P.O. Box, Bldg., Room No., if any Street <u>1419 W 64th ST</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60638</u>	4. Name, file number, and address of labor organization. Name <u>CONCRETE MASON'S UNION LOCAL NO. 502</u> Labor Organization File Number <u>012-533</u> P.O. Box, Building and Room Number, if any Street <u>739 S 25th AVE</u> City <u>BELMONT</u> State <u>IL</u> ZIP Code + 4 <u>60104-1990</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 8/1/05 Date
Telephone Number

Name of Person Filing

KEVIN J FARLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND KADJANTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1910 JACKSON BLVDCity CHICAGOState IL ZIP Code + 4 60604-2958

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS UNION LOCAL NO. 501Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 739 S 25TH AVECity BELLWOODState IL ZIP Code + 4 60104

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

CHRISTMAS PARTY

12.b. Amount.

140.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

KEVIN J FARLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJANTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1910 JACKSON BLVDCity ChicagoState IL ZIP Code + 4 60604-2958

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CENTRAL INSURANCE UNION LOCAL 100, SOLTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 739 S 25th AveCity BluewoodState IL ZIP Code + 4 60404

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

CASE OF HOLIDAY SPIRITS

12.b. Amount.

22446

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

KEVIN J FARLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: LEGACY PROFESSIONALS LLP
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street: 30 N CASALE
 City: Chicago
 State: IL ZIP Code + 4: 60602-2595

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: CEMENT MASONS UNION LOCAL 100 SD
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street: 739 S 25th Ave
 City: Bellwood
 State: IL ZIP Code + 4: 60104-1994

11.a. Nature of such dealing.

UNION AUDITOR

11.b. Approximate dollar value of such dealing.

24500.00

12.a. Nature of interest held or income received.

WESSELHOFF RETIREMENT LUNCHEON

12.b. Amount.

4632

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street:
 City:
 State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

KEVIN J. FARLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJAW

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1960 JACKSON BLVD

City Chicago

State IL ZIP Code + 4 60604-3958

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS UNION LOCAL NO. 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S. 25TH AVE

City BELLWOOD

State IL ZIP Code + 4 60604

11.a. Nature of such dealing.

UNION ATTENDANCE

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

WEISSERHOFF RETIREMENT LUNCHEON

12.b. Amount.

46732

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing	KEVIN J. FARLEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: LEGACY PROFESSIONALS LLP
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 30 N. CASALE
City: Chicago
State: IL ZIP Code + 4: 60602-2595

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: CEMENT MASONS UNION LOCAL 100, SD2
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 739 S. 25th Ave
City: CHICAGO
State: IL ZIP Code + 4: 60644-9944

11.a. Nature of such dealing.

UNION AUDIT

11.b. Approximate dollar value of such dealing.

24500.00

12.a. Nature of interest held or income received.

ROUND OF GOLF

12.b. Amount.

152.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street:
City:
State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment